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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 30.2
TITLE: OCCUPATIONAL THERAPY

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(3)(x)

I. EFFECTIVE DATE

October 28, 1997

II. PROCEDURE CODE(S)

97003-97004, 97150, 97504, 97520-97532, 97535, 97542 and 97799

III. DESCRIPTION

Occupational therapy is the medically prescribed use of purposeful activity or interventions designed to promote health, prevent injury or disability, and which develop, improve, sustain, or restore functions that have been lost or reduced as a result of injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, or developmental, learning or physical disability, to the highest possible level for independent functioning.

IV. POLICY

A. Occupational therapy is covered when prescribed and supervised by a physician or when provided by an employee of an authorized institutional provider as part of an organized rehabilitation program.

B. Occupational therapy must improve, restore, or maintain function, or minimize or prevent deterioration of the patient's condition in a reasonable and generally predictable period of time.

C. Occupational therapy must be medically necessary, appropriate, and must have the skilled care needed to establish a safe and effective maintenance program in connection with a specific medical condition.

V. POLICY CONSIDERATIONS

A. For occupational therapy provided to a patient with a mental disorder, the therapy must be prescribed by a qualified mental health provider.

B. The types of **covered** services provided in occupational therapy include the following:

1. Evaluation of a patient's level of functioning by administering diagnostic and prognostic tests.

2. Selection and teaching of task-oriented therapeutic activities designed to restore physical function.

3. Planning, implementing, and supervising, individualized therapeutic activity programs as an integral part of an overall "active treatment" program for a patient with a mental disorder. **The therapeutic relationship between the activities and the patient's condition must be documented.**

4. Teaching compensatory techniques to improve the level of independence in the activities of daily living.

5. Designing, fabricating, and fitting of orthotic and self-help devices.

C. Where vocational or pre-vocational assessment or training relates primarily to specific employment opportunities, or work skills or work settings, the services are not covered. Payment may be made for services rendered as an integral part of an overall rehabilitation effort to assess level of functioning and to teach compensatory skills.

D. **The authorized institutional provider that employs the occupational therapist must bill services. Occupational therapists will not be paid on a fee-for-services basis directly, as they are not recognized as individual's providers. The rehabilitation program must be an organized program designed to restore or improve functions lost or impaired by illness or injury.**

E. **Occupational therapy for longer than a 60-day period requires documentation of medical necessity for continued therapy that includes a treatment plan with a statement of goals, documentation of any progress made towards reaching those goals, the therapists expected time it will require to reach those goals and a plan to achieve goals within the stated time frame.**

F. **This policy does not exclude multidisciplinary services, such as physical therapy, occupational therapy, or speech therapy after traumatic brain injury, stroke, and children with an autistic disorder.**

VI. EXCLUSIONS

A. The following occupational therapy services are not covered:

1. Vocational assessment and training.
2. General exercise programs.
3. Separate charges for instruction of the patient and family in therapy procedures.
4. Repetitive exercise to improve gait, maintain strength and endurance and assisted walking, such as that provided in support of feeble or unstable patients.
5. Range of motion and passive exercises which are not related to restoration of a specific loss of function.
6. Rehabilitation that attempts to improve cognitive function as a result of neuronal growth through repetitive exercise of neural circuits.
7. Sensory integration training (CPT procedure code 97533).
8. Maintenance therapy that does not require a skilled level after a therapy program has been designed.

B. Occupational therapists are not authorized to bill using E&M (Evaluation and Management) codes listed in the Physicians' Current Procedural Terminology.

END OF POLICY